



A place of healing and hope



- Private, Not For Profit, Arizona Corporation, IRS designated 501(c)3
- Founded in October, 1996 by David & Trish Cocoros
- Provide Residential and Outpatient Behavioral Health Treatment Services for Youth
- Licensed by Arizona Department of Health Services, Office of Behavioral Health Licensure (OBHL)
- 9 Acre Campus in Central Phoenix, Total of 132 beds
 - Level 1 Secure Residential Treatment Center (84 beds)
 - Level 2 Behavioral Health Residential Agency/Therapeutic Group Homes (48 beds)
- Special Function School designation by the Arizona Department of Education, Accredited by NCA
- Accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)



Who We Serve

- Youth referred and placed by the
 - Arizona Juvenile Court System
 - Child Protective Services (CPS)
 - Arizona Department of Health Services through the Regional Behavioral Health Authorities (RHBAs) or Tribal Behavioral Health Authorities (TrBHAs)
 - Arizona Department of Juvenile Corrections (ADJC)
- For the treatment of serious emotional problems and behavior disorders
- Over 3000 youth served since Residential Treatment services began in 1997

Who We Serve

- Youth from the ages of 10 through 18
- 126 youth in Residential Treatment today
 - 107 Boys, 19 Girls
- 74 in Residential Treatment for Sexual Conduct Disorders

Journey Program

- 36 in Level 1 SRTC
- 38 in Level 2 TGH
- Chaperon (Therapeutic Day) Program
- Continuum of Care for youth with Sexual Conduct Disorders
- Overall 80% are successfully discharged

Staffing

- 12 Certified Teachers (6 with Cross-Cat Special Ed Certification)
- 15 Nurses for 24-hour nursing, 9 RNs, 6 LPNs
- 4 Recreation Therapists
- 15 Clinicians/Therapists, 3 Psy.D., 11 Master's Level, 1 BSW
 - 9 with specialized training/experience with sexual conduct disordered youth
 - attend national conferences annually
 - Association for Treatment of Sex Abuse (ATSA)
 - National Adolescent Perpetrator Network (NAPN)
- 2 Psychiatric Practitioners (MD and PNP)
- 116 Behavioral Health Technicians (YCWs) for 24-hour care
 - 1:4 ratio for RTC, 1:6 ratio for TGH
- Chaplain



Youth Development Institute

Application for

Juvenile Sex Offender Services

Submitted to

*Arizona Supreme Court
Administrative Office of the Courts
Juvenile Justice Services Division*

November 14, 1996

Typology of Sex Offending Youth

(O'Brien & Bera, 1986, from Council of Juvenile and Family Court Judges Task Force on Juvenile Sex Offending, 1993)

- **Naive Experimenter (NE)**
 - Usually young with a previous history of aggressive or delinquent acting-out.
 - Sexually naive
 - Does not use force or threats
 - Motive: to explore newly developing sexual feelings.
- **Under-Socialized Child Exploiter (US)**
 - Older adolescent
 - Socially isolated, gravitates toward younger children
 - Little or no history of acting-out or aggression
 - Uses grooming techniques to get cooperation from victim
 - Motive: to achieve a sense of intimacy, to bolster his shaky self-esteem
- **Pseudo-Socialized Child Exploiter (PS)**
 - Older adolescent
 - Often very intelligent and hard worker
 - Likely a victim of early sexual abuse
 - Abuses many children, often for extended periods of time
 - Rationalizes behavior and has little sense of remorse
 - Motive: to exploit the child for his own sexual pleasure
- **Group Influenced (GI)**
 - Younger adolescent
 - Commits offense with a group of peers
 - Motive: attempt to gain peer recognition and status
 - Product of disorganized and chaotic family
 - Good social skills and often regarded as “charming”
 - History of antisocial behavior and substance abuse
 - Uses threats of force and aroused by violent behavior
 - Motive: to use sex as a means of experience power
- **Sexually Compulsive (SC)**
 - Product of enmeshed and emotionally repressed family
 - Emotionally blunted
 - Engages in repetitive, compulsive and sexually arousing behavior
 - Initially prone to noncontact offenses
 - Plans his offense
 - Motive: to relieve anxiety or express anger
- **Disturbed-Impulsive (DI)**
 - Comes from highly disturbed family
 - Serious problems with reality testing and coherent thinking
 - More likely to commit offense under influence of drugs or alcohol

Other Typologies of Youth with Sexual Conduct Disorders

Personality Based Typology

James Worling, Ph.D. (2001)

- **Antisocial / Impulsive**
 - Antisocial, impulsive, anxious, unhappy, and rebellious
- **Unusual / Isolated:**
 - Unusual, undependable, isolated, confused, and spontaneous
- **Over-Controlled / Reserved**
 - Emotionally over controlled, responsible, reserved, suspicious of others, and rigid.
- **Confident / Aggressive:**
 - Confident, self-centered, aggressive, sociable and optimistic

Rationally Derived Classification Model

Robert Prentky (2000)

- Child Molesters
- Rapists
- Sexually Reactive Children
- Fondlers
- Paraphilic Offenders
- Unclassifiable

Cocoros Corollary: Aggravated Puberty

Overview of Youth with Sexual Conduct Disorders

- Heterogeneous, much diversity in make-up, and characteristics
- Much family instability, disorganization, and violence
- Emotional or physical separation from one or both parents
- 20-50% have histories of physical abuse
- 40-80% have histories of sexual abuse
- Deficits in social competence
- Inadequate social skills
- Poor peer relationships
- Social Isolation
- Academic difficulties / between 30 & 60% have learning disabilities
- Commonly have psychiatric co-morbidity, especially disturbances of conduct, impulse control disorders, depression, ADHD / up to 80% have diagnosable psychiatric disorder

Journey Program Youth

- 56% White, 23% Latino, 12% Black, 2% Native American
- 60% on IEP for Special Education Services
- Average Age is 15.5 (10th Grade)
- Average Academic Achievement Level at 7th-8th Grade
- Currently all males
- Grouped in living units by age range & developmental level
- 60% were victims of sexual abuse
- 80% victimized a family member, usually living in the home
- Average Length of Stay in Journey Program is 14 months



Journey Program

- Assessment and Individualized Treatment
 - ERASOR (Estimate of Risk of Adolescent Sex Offense Recidivism)
 - Abel (Abel Questionnaire for Boys; Abel Assessment for Sexual Interest)
 - MMPI-A (Minnesota Multiphasic Personality Inventory, Adolescent Version)
 - MAYSI-II (Massachusetts Youth Screening Instrument, Version 2)
 - JSOAP-II (Juvenile Sex Offender Assessment, Version 2)
 - JSORRAT-II (Juvenile Sex Offender Assessment Protocol, Version 2)
- Cognitive Behavioral Therapy (CBT)
 - Thinking Errors / Cognitive Distortions
 - Offense Cycle / Control Techniques
 - Relapse Prevention Planning (ACE)
- Group, Family & Individual Counseling



Journey Program

- Psycho-Educational Groups
 - Social Skills
 - Managing Emotions
 - Positive Self-Talk & Decision Making
 - Moral Development
- Family Involvement
 - Family Day
 - Multi-Family Group
 - Victim Therapy
- Playback Theater
 - Developing Empathy



Journey Program

“We Can Only Treat the Truth”

- Polygraphs
 - Instant Offense
 - Masturbatory Practice
 - Sexual History
 - Masturbatory Practice 2
 - Maintenance
 - Exit



**Our vision is of a therapeutic community, a village
Where children find a place to belong and grow,
Where they can create identity through lasting relationships with caring adults,
Where they find a home for the heart and spirit,
A place of healing and hope.**

**Our vision is of a continuum of care and services
With consistency of philosophy, curriculum and approach
Promoting learning on all levels: physical, intellectual, emotional and spiritual
Teaching the values of respect and responsibility, peace and faith.**

It is our belief and founding principle that a continuum of care is necessary to provide the best, most effective and most cost efficient model for the treatment of children and youth.

We also believe that a true continuum of care requires a unified philosophy and approach, a well-correlated and thoroughly indoctrinated curriculum and methods, and perhaps most importantly, consistency of caring adults.

We believe that it does indeed take a village to raise a child and that lasting relationships are central to the development of each child's full potential. Our goal is that a child, once placed with YDI, can remain for as long as he or she needs out-of-home placement.

Our vision is to give each one a place to belong and a "village" in which they can create identity. We are equally committed to providing services to bridge successful transition back into the community at large, to bolster the family of origin or find a family of the heart for each child.